## Application or Docket Number ATENT APPLICATION FEE DETERMINATION RECORD

PATENT APPLICATION FEE DETERMINATION RECORD
Effective OCUODO1, 2003

10/045-604

| CLAIMS AS FILED - PART I   |  |   |                                      |                              |                                 |                  |            | MALL EN             | ΤΙΤΥ   |          | OTHER               | TH/            |  |
|--|--|---|--------------------------------------|------------------------------|---------------------------------|------------------|------------|---------------------|--|----------|---------------------|----------------|--|
| <u> </u>   |  |   | (Column 1                            | )                            | (Colur                          | (Column 2) T     |            |                     | TYPE   |          | SMALL               | ENT            |  |
| TOTAL CLAIMS   |  |   |                                      |                              |                                 |                  |            | RATE                | FEE  |          | RATE                | F              |  |
| FOR  |  |   | NUMBER FILED                         |                              | NUMBER EXTRA                    |                  | E          | ASIC FEE            | 385  | OR       | ASIC FEE            | 34.            |  |
| TOTAL CHARGEABLE CLAIMS  |  |   | minus 20=                            |                              | •                               |                  |            | X\$₽=               |  | OR       | X\$18 =             |                |  |
| INDEPENDENT CLAIMS   |  |   | minus 3 =                            |                              |                                 |                  |            | X43=                |  | OR       | ×86=                |                |  |
| MU   | LTIPLE DEPEN                                   | DENT CLAIM PI                             | REȘENT                               |                              |                                 |                  |            | +145=               |  | OR       | +∂90=               |                |  |
| * If   | the difference                                 | in column 1 is                            | ess than zero, enter "0" in column 2 |                              |                                 |                  | TOTAL      |                     | OR   | TOTAL    |                     |                |  |
| CLAIMS AS AMENDED - PART II (Column 2) (Column 3)  |  |   |                                      |                              |                                 |                  |            | SMALL ENTITY        |  |          | OTHER<br>SMALL      |                |  |
| ENTA   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                      | High<br>NUM<br>PREVI<br>PAID | KEST<br>IBER<br>OUSLY           | PRESENT<br>EXTRA |            | RATE                | ADDI-<br>TIONAL<br>FEE                           |          | RATE                | AI<br>TIC<br>F |  |
| MON  | Total  | .243                                      | Minus                                | 3                            | 12                              | = .              |            | - X\$Q=             | _  | OR       | x\$[8=              |                |  |
| AMENDMENT  | Independent                                    | • 19                                      | Minus                                | *** 9                        | //                              | =                |            | XX3=                |  | OR       | XH-                 |                |  |
|  | FIRST PRESE                                    | NTATION OF M                              | ULTIPLE DEP                          | ENDEN                        | CLAIM                           |                  | 1          | + 45=               |  | OŘ       | -0H0=               | · _            |  |
|  |  | •   |                                      |                              |                                 |                  | م د        | TOTAL<br>ODIT. FEE  | جسم.   | OR       | TOTAL<br>ADDIT, FEE |                |  |
|  | (Column 1) (Column 2) (Column 3                |   |                                      |                              |                                 |                  |            |                     |  |          |                     |                |  |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                      | NUM<br>PREVI                 | HEST<br>MBER<br>IOUSLY<br>OFOR  | PRESENT<br>EXTRA |            | RATE                | ADDI-<br>TIONAL<br>FEE                           |          | RATE                | A<br>Ti        |  |
| D.W.   | Total .  | .243                                      | Minus                                | **3                          | 22                              | = /              | ]          | x19=.               | . —  | OR       | X\$ 8=              | <u> </u>       |  |
| ME   | Independent                                    | . 19                                      | Minus                                | man C                        | 7/                              | =-               | 1          | XI3=                |  | OR       | X86=                |                |  |
|  | HRST PRESE                                     | NTATION OF M                              | ULTIPLE DEP                          | ENDEN                        | T CLAIM                         |                  | ןנ         | 4145=               |  | I<br>IOR | 1 690 E             | -              |  |
|  | . ••   | • •                                       |                                      |                              |                                 |                  | , <b>i</b> | TOTAL<br>ADDIT. FEE |  | OR       | TOTA<br>ADDIT: FE   |                |  |
| (Column 1) (Column 2) (Column 3)   |  |   |                                      |                              |                                 |                  |            |                     |  |          |                     |                |  |
| AMENDMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                      | NU<br>PREV                   | HEST<br>MBER<br>MOUSLY<br>D FOR | PRESENT<br>EXTRA |            | RATE                | ADDI-<br>TIONAL<br>FEE                           |          | RATE                | F              |  |
|  | Total  | *   | Minus                                | 44                           |                                 | =                |            | X\$9=               | -  | OR       | ×\$18=              |                |  |
|  | Independent                                    | * .                                       | Minus                                | ***                          |                                 | =                |            | XB=                 |  | lor      | ×86                 |                |  |
| M.   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                      |                              |                                 |                  | _ <b>_</b> |                     | <del>                                     </del> | 7        | 006                 | 1              |  |
|  |  |   |                                      |                              |                                 |                  |            | + 146=              | <u> </u>   | OR       | TOT                 | AT -           |  |
| * If the entry in column 1 is tess than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1. |  |   |                                      |                              |                                 |                  |            |                     |  |          |                     | ĒL             |  |

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